MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11802

CERTIFICATE OF DEATH

Reg. Dist. No. 171

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SWANTON RD#2; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SWANTON; STREET ADDRESS (If rural, give location) R.D #2

3. NAME OF DECEASED (Type or Print): (First) PETER (Middle) J. (Last) BICKFORD

4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: April 11 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months 7 Days 19; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA CITIZEN

13. FATHER'S NAME: GEORGE ALBERT BICKFORD

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SPANISH WAR

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Mrs Emmett Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho pneumonia	1 wk
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertensive Cardio Vascular Disease	2 yrs
	(c) Arterio Sclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1946 to Dec. 30, 1949 that I last saw the deceased alive on Dec. 30, 1949 and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE: A.E. Maune (Degree or title) MD ADDRESS: Oakland Md DATE SIGNED: 31 Dec 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: I-2-1950 | NAME OF CEMETERY OR CREMATORY: Grantsville | LOCATION (City, town, or county) (State): Grantsville Md

DATE REC'D BY LOCAL REG.: Jan 2, 1950 | REGISTRAR'S SIGNATURE: J B Emery R. | 24. FUNERAL DIRECTOR: Wm Winterberg | ADDRESS: Grantsville Md

RECEIVED
JAN 4 1950
BUREAU V. S.

Evidence for addition in #1 shown on: FILM No. G 123 DEC 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11803

Reg. Diat. No. 16

1. PLACE OF DEATH:
County: Garrette
City or town: 4 mi. south Friendsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Garrette
City or town: Friendsville R D
(If outside city or town limits, write RURAL and give neareat town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Martha Burch

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 24 I87I

8. AGE: Years	Months	Days	If less than one day
78	4	2I	..... hrs. ..... min.

9. Birthplace: Garrette Co Md, Friendsville R D
(Town, county, and state)
10. Usual occupation: House work
11. Industry or business: Own home

FATHER
12. Name: John Friend
13. Birthplace: Garrette Co Md

MOTHER
14. Maiden name: Sylvia Savage
15. Birthplace: Garrette Co Md

16. Informant: Foster Frisel
Address: Friendsville R F D

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/18/49 (month) (day) (year)
Cemetery or crematory: Friend Cem-
Location:

18. Funeral director: E. B. Harned
Address: Brandonville W.Va.

19. Dec 17 1949 (Date rec'd by registrar) Kathryn Fike, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December I5 19 49 at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 19 47 to Dec 15 19 49
and that I last saw h.. alive on Dec 15, 19 49

Immediate cause of death: Chronic Myocarditis — DURATION: 2 years

Due to:

Due to:

Other conditions: 422.2 93d
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Milton Tepper, M. D. or other
Address: Friendsville, md Date signed: Dec 17 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11804

CERTIFICATE OF DEATH

Reg. Dist. No. 167

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gormania (Rural) — LENGTH OF STAY (in this place) 51 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gormania, W.Va. (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eston	Grant	Burgess	Dec.	7,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Mar. 21, 1873	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer		Antioch, West Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Burgess	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		John Burgess (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 days
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Hypertension	10 yrs
	(c) Arteriosclerosis	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 5, 1949, to Dec 7, 1949, that I last saw the deceased alive on Dec 5, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harold C. Miller, M.D.	Eglon W.Va.	12/9/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 10, 1949	Fairview Cemetery	Fairview	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/10/49	Elmer C. Shaffer	Wayne C. Spiggle	Davis, W.Va.

VS. A15

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DEC 12 1949
BUREAU V. S.

RECEIVED
DEC 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11805

Reg. Dist. No. 163

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vindex
LENGTH OF STAY (in this place): 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ~~Mineral~~ Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vindex
STREET ADDRESS: - - - (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Lewis	Burgess	Dec	25	1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Sept 11 1949	yrs.	4			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Vindex, Maryland	USA

13. FATHER'S NAME: Lewis H Burgess
14. MOTHER'S MAIDEN NAME: Neva Sims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Lewis H. Burgess

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal Obstruction	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Inguinal Hernia	?
	(c)	

561.0
1220

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Acute Bronchitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. L. Baumgartner M D		Oakland Md	12/26/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 29, 1949	Nethkin Hill Cem	Elk Garden, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/29-49	Dorsey Pattison	Ellsworth S. Boal,	Westernport, Md.

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11806

CERTIFICATE OF DEATH

Reg. Dist. No. 167

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gorman; LENGTH OF STAY (In this place) 4 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gorman; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) Kathryn (Last) Butts

4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 11, 1895

9. AGE last birthday: 54 yrs. If under 1 year: Months 2 Days 0; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Liberty Furnace, Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Vann

14. MOTHER'S MAIDEN NAME: Jennie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: J.L.Butts, Gormania, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intracerebral hemorrhage - recurrent	18 hrs.
592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Marked hypertension -	10 yrs.
	(c) Chronic Nephritis -	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 21, 1941, to Dec 11, 1949, that I last saw the deceased alive on Dec 28, 1949, and that death occurred at 10:45A. m., from the causes and on the date stated above.

SIGNATURE: Harold C. Miller (Degree or title) M.D. ADDRESS: Eglon W.Va. DATE SIGNED: 12/14/49

23. BURIAL, CREMATION (Specify): Burial | DATE THEREOF: 12/14/49 | NAME OF CEMETERY OR CREMATORY: Pope Cemetery | LOCATION (City, town, or county) (State): Gorman, Garrett Co., Md.

DATE REC'D BY LOCAL REG.: 12/17/49 | REGISTRAR'S SIGNATURE: Elmer C. Shaffer | 24. FUNERAL DIRECTOR: Otha F. Sharpless | ADDRESS: Blaine W.Va.

RECEIVED
DEC 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11807

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH
COUNTY Garrett — Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) Life Time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Compton

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/9/1879

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. Water Works

10b. KIND OF BUSINESS OR INDUSTRY: Municipality

11. BIRTHPLACE (State or foreign country): Oakland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Compton

14. MOTHER'S MAIDEN NAME: Mary Ann Little.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. James Compton, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to Dec, 1949, that I last saw the deceased alive on Dec 16, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE E. F. Baumgartner (Degree or title) M.D. ADDRESS Oakland Md DATE SIGNED 12/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 12/26/1949 — NAME OF CEMETERY OR CREMATORY: Oakland, Cemetery — LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: Dec 26/1949 — REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR: Emroy D. Bolden — ADDRESS: Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11808

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — McHenry, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place): Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Lester (Middle) Jacob (Last) Glotfelty

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/5/1915

9. AGE last birthday: 34 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): McHenry, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Glotfelty,

14. MOTHER'S MAIDEN NAME: Amelia Suter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John Glotfelty, McHenry, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal Influenza

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lagrippe

(c)

INTERVAL BETWEEN ONSET AND DEATH

483
331

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1949, to 12-23, 1949, that I last saw the deceased alive on 12-23, 1949, and that death occurred at 12:30A m., from the causes and on the date stated above.

SIGNATURE, (Degree or title) ADDRESS DATE SIGNED

J. V. Wenzel, M.D. Oakland Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 12/26/1949

NAME OF CEMETERY OR CREMATORY: Flatwoods Cemetery

LOCATION (City, town, or county) (State): Near Hoyes, Md.

DATE REC'D BY LOCAL REG.: 12-26-1949

REGISTRAR'S SIGNATURE: Julia C. Rowan

24. FUNERAL DIRECTOR: Emroy D. Bolden

ADDRESS: Oakland, Md

RECEIVED
JAN 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11809

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 167

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland (Rural) — LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland (Gregg Church, rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) David (Middle) S. (Last) Gregg

4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 9, 1862

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Samuel Gregg

14. MOTHER'S MAIDEN NAME: Elizabeth Slaubaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia -	3 days
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Arteriosclerotic Renal Failure	1 yr
	(c) Senility -	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to 12/10, 1949, that I last saw the deceased alive on 12/9, 1949, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harold C. Miller M.D. — ADDRESS: Eglon, W. Va. — DATE SIGNED: 12/12/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 13, 1949 — NAME OF CEMETERY OR CREMATORY: Red House Cemetery — LOCATION (City, town, or county) (State): Garrett County

DATE REC'D BY LOCAL REG. 12/13/49 — REGISTRAR'S SIGNATURE: Elmer C. Shafer

24. FUNERAL DIRECTOR: Wayne C. Spriggle — ADDRESS: Davis, W. Va.

RECEIVED
DEC 15 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11810

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, — LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Loch Lynn Heights

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural, give location) Loch Lynn Heights

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emma	Civilla	Lish	Dec. 11, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Female	White	Widowed	3/8/1870	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	West Virginia	U. S. A.

13. FATHER'S NAME: Jonathin M. White

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Lower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	------	Miss Mildred Ford - Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart failure	10 Days?
501 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 106 c	(b)	
	(c) Bronchitis - type unknown	15 days?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from 3 Dec, 1949, to 11 Dec, 1949, that I last saw the deceased alive on 11 Dec, 1949 and that death occurred at 6:55 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas J. Leahy M. D.		Oakland, Md.	11 Dec 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/14/49	White Cemetery	4 Mi. S W Mt. Lake Park,

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-14-49	Julia A. Rowan	Herbert C. Leighton	Oakland, Md.

RECEIVED
DEC 21 1949
BUREAU U. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11811

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland (rural)
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Josiah (Last) Martin
4. DATE OF DEATH (Month) Dec (Day) 4 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH march 18, 1878
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Peter Martin
14. MOTHER'S MAIDEN NAME Eliza Fike

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. IDa Martin (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 week

493 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

109 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30, 1949, to 12/3, 1949, that I last saw the deceased alive on 12/3, 1949, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE W. P. Jamison (Degree or title) M.D. ADDRESS RR#2 Oakland Md. DATE SIGNED 12/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 7, 1949
NAME OF CEMETERY OR CREMATORY Red House Cemetery
LOCATION (City, town, or county) Garrett Co. (State) Md.

DATE REC'D BY LOCAL REG. 12/6/49
REGISTRAR'S SIGNATURE Elmer C. Shaffer
24. FUNERAL DIRECTOR Wayne C. Spiggle ADDRESS Davis, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

7

DEC 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11812

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Garrett — Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) H. (Last) Merrill

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 19-9

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/6/1871

9. AGE last birthday: 78 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Oakland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Merrill.

14. MOTHER'S MAIDEN NAME: Isabelle Kight.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Mrs. Harry McRobie, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malnutrition — 4 weeks

443 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) Senility

(c) Hypertensive Cardio Vascular Disease & Sclerosis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5, 1948, to 12-13, 1948, that I last saw the deceased alive on 12-13, 1948, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE: James H. Foster, Jr. (Degree or title) M.D. ADDRESS: Oakland, Md. DATE SIGNED: 12-15-48

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12/20/1948 | NAME OF CEMETERY OR CREMATORY: Oakland Cemetery | LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: 12-20-1948 | REGISTRAR'S SIGNATURE: Julia A. Rowan | 24. FUNERAL DIRECTOR: Emory D. Bolden | ADDRESS: Oakland, Md

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JAN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11813

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller | LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) ---- (Last) Mosser Sr.

4. DATE OF DEATH (Month) Dec. (Day) 22, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/30/1865

9. AGE last birthday: 84 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw Mill worker

10b. KIND OF BUSINESS OR INDUSTRY: Saw Milling

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Christian Mosser

14. MOTHER'S MAIDEN NAME: Elizabeth Lindeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. ----

17. INFORMANT AND ADDRESS: Carl Mosser - Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis — 2 days

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease with — ?

(c) Arteriosclerosis & Syphilis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1949, to Dec. 22, 1949, that I last saw the deceased alive on Dec. 21, 1949, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Ralph Calandella M.D. — Kitzmiller Md — Dec. 23-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 12/24/49 | NAME OF CEMETERY OR CREMATORY: George Cemetery | LOCATION (City, town, or county) (State): Near - Swanton, Md.

DATE REC'D BY LOCAL REG. 12/24/49 | REGISTRAR'S SIGNATURE A.W. Barnick

24. FUNERAL DIRECTOR: Herbert C. Leighton | ADDRESS: Oakland, Md.

RECEIVED
JAN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11814

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Vindex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Coal Corp. Mine

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS (If rural, give location) E. Main St.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Henry (Last) Pritts
4. DATE OF DEATH (Month) Dec. (Day) 20 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 25, 1927
9. AGE last birthday 22 yrs. If under 1 year: Months 3 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Coal Mines
11. BIRTHPLACE (State or foreign country) Keyser, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Joseph Pritts
14. MOTHER'S MAIDEN NAME Ua Gaufea DuVall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) Yes (If yes, give war or dates of service) 1945-46
16. SOCIAL SECURITY NO. 216-22-6662
17. INFORMANT H.J. Pritts, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture basal portion of skull	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushing Injuries right chest & rupture of lung.	
	(c) Fracture of humus - left tibia & fibula	

912.2
174

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Mine (CITY OR TOWN) Vindex (COUNTY) Garrett (STATE) Maryland
TIME OF INJURY (Month) Dec. (Day) 20 (Year) 1949 (Hour) 8 A.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Caught in conveyor belt

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 12/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/22/49
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) Oakland, Md. (State)

DATE REC'D BY LOCAL REG. 12/22/49
REGISTRAR'S SIGNATURE A W Barnick
24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11815

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — Gorman, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ronald (Middle) LeRoy. (Last) Reall

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1/21/1949

9. AGE last birthday: yrs. If under 1 year: Mooths. 10 Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Gorman, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Morgan Reall.

14. MOTHER'S MAIDEN NAME: Mary Maxine Martin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. H.M. Reall, Gorman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Tracheo-Bronchitis — Interval Between Onset and Death: 48 HRS.

325.4 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Mongolism — 10 3/4 MOS.

106c (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21, 1949, to 12-18, 1949, that I last saw the deceased alive on 12-17, 1949, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James M. Deaton Jr. M.D. ADDRESS Oakland, Md DATE SIGNED 12-19-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 12/20/1949 | NAME OF CEMETERY OR CREMATORY: Red House Cemetery, | LOCATION (City, town, or county) (State): Red House, Md.

DATE REC'D BY LOCAL REG. 12-20-1949 | REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR: Emory D. Bolden, ADDRESS Oakland, Md.

RECEIVED
JAN 6 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11816

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 171

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Garett; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bittinger
LENGTH OF STAY (in this place) 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bittinger
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	Maria	Reckner	December	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	10-19-1867	82 yrs.		24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rural Bittinger Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Ruckel
14. MOTHER'S MAIDEN NAME: Elizabeth Stark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: John Reckner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Chronic Myocarditis	6 years
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Senility	
932 (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1, 1947, to Dec 13, 1949, that I last saw the deceased alive on Dec 12, 1949, and that death occurred at 2.30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. B. Davis M.D.		Grantsville Md	Dec 14 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-15-1949	Bittinger	Bittinger	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 15, 1949	J. B. Emory R.	Wm Winterberg	Grantsville Md

VS. A15

RECEIVED
DEC 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11817

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Norval (Middle) (Last) Spellman

4. DATE OF DEATH: (Month) December (Day) 29 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1-31-1871

9. AGE last birthday: 78 yrs. If under 1 year: Months 10, Days 29, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Justice Magistrate

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Garrett Co

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Otho Spellman

14. MOTHER'S MAIDEN NAME: Mary Liston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 018-22-2239

17. INFORMANT: Mrs. J. L. Ross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Angina pectoris — Interval Between Onset and Death: 84 hrs

592 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic Regurgitation

(c) Chr Interstitial Nephritis — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19 46 19, to Dec 29, 1949 that I last saw the deceased alive on Dec 28, 1949 and that death occurred at 7 20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N.B. Messmore M.D. Addison-Pa Dec-30-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1-1-50 — NAME OF CEMETERY OR CREMATORY: Addison Cemetery — LOCATION (City, town, or county) (State): Addison Pa

DATE REC'D BY LOCAL REG. Dec 30 1949 — REGISTRAR'S SIGNATURE: Kathryn Fike

24. FUNERAL DIRECTOR: A.B. Rosebaugh — ADDRESS: Addison, Pa

RECEIVED
JAN 3 1950
BUREAU V. S.